Name in Full

Certificate of Death

Sarah Banning

Died at Town: Winchester. County: Talbot MARYLAND

Date 189 4 Month: 1 Day: 31 | Age Y. 45 M. D. | Native of Talbot | Occupation Widow

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living Four

~~Husband~~ ~~Wife~~ of Wife Elyza Forman

Father's Name Wm Banning | Mother's Name Sarah Banning

Cause of Death — Primary: Indigestion — How long sick 1 year

Immediate: Exhaustion 104

Accident, Suicide, Homicide

Reported by Jno C McCormick Undertaker

Address Queenstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. None

of

Seen by Coroner

of

Information contained in this certificate received from Eliza Forman

of Winchester Md.

Name in Full: Emily Barnes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berrisville; County: Queen Anne's

Date of death: 190 4 Month: Jan. Day: 6

Age: Years: 80 Months: Days:

Sex: Female

Color or Race: Negro

Birthplace:

Occupation: None

Where Residing if not at place of death:

~~Married, Single~~ or Widowed: Widow

Name of Wife or Husband: Samuel Barnes

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name:

Mother's Birthplace: —

Name of person giving Imformation: Peter Taylor

How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: old age 154

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: — No Doctor —

Address: Reported by Wright + Eddins — undertakers —

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Not named

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Rick Neck (County) Queen Anne

Date of death 1904 (Month) Jany (Day) 27

Age (Years) — (Months) — (Days) 7

Sex Male

Color or Race Colored

Birthplace Rick Neck

Married, Single or Widowed Infant

Occupation no occupation

Name of Wife or Husband "

Father's Name Edward Boyer

Father's Birthplace Queen Annels

Mother's Maiden Name Alice Ringgold

Mother's Birthplace Queen Annels

Name of person giving information Edward Boyer

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Inanition

How long 7 days

Immediate Inanition

How long 7 days

151

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M Bonge Simpsons

Address Chestertown Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Wallis Chilcoat

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Queenstown; County: 2 Co

Date of death: Month: 1; Day: 17; 1904

Age: Years: 21; Months: 4; Days:

Sex: Male; Color or Race: White; Birthplace: Talbot Co

Occupation: Oysterman; Where Residing if not at place of death: Perry Neck

~~Married~~, Single or ~~Widowed~~: Single; Name of ~~Wife or~~ Husband:

Father's Name: Geo B Chilcoat; Father's Birthplace: Talbot

Mother's Maiden Name: Kate Cooney; Mother's Birthplace: " "

Name of person giving information: Dr Dadds; How related to deceased: Dr

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Appendicular abscess; How long: 8 days

Immediate: Diffuse peritonitis; How long: 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: M Adams

Address: Queenstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Loleta Virginia Clendaniel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chester; County: Queen Annes

Date of death 190 4: Month: Jan; Day: 9th

Age: Years: —; Months: 7; Days:

Sex: Female; Color or Race: White; Birthplace: Chester

Married, Single or Widowed: —; Occupation:

Name of Wife or Husband: —

Father's Name: John Clendaniel; Father's Birthplace: Kent Co.

Mother's Maiden Name: Lulu Gardner; Mother's Birthplace: " "

Name of person giving Information: John Clendaniel; How related to deceased: Father

90.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis Capillary; How long: 2 days

Immediate: Suffocation; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Chas. E. Sugden

Address: Stevensville Md.

Accident or Suicide?

LIBRARY BUREAU A88519

Name in Full: David Conyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Queys — County: Talbot

Date of death: 1904 — Month: 1 — Day: 20 — Age: Years: 80 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Unknown

Occupation: Oysterman — Where Residing if not at place of death: Near Queys

Married, Single or Widowed: Widower — Name of Wife or Husband: Dead

Father's Name: Harry Conyer — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: " "

Name of person giving Information: Wm Conyer — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism — How long: Unknown

Immediate: Heart Disease — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wm C McCormick

Address: Undertaker Queenstown Md.

Accident or Suicide?

LIBRARY BUREAU A8U816

Name in Full: Frederick Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Church Hill; County: Queen Annes Co

Date of death: 1904 Month: July Day: 26

Age: Years: 57 Months: 8 Days:

Sex: Male

Color or Race: Caucassion

Birthplace: Church Hill

Occupation: Merchant

Where Residing if not at place of death:

Married, ~~Single~~ or Widowed

Name of Wife or Husband: Anna A Hall

Father's Name: John Hudgins Hall

Father's Birthplace: Queen Annes Co

Mother's Maiden Name: Anna E. Brown

Mother's Birthplace: Kent Co

Name of person giving Imformation: Mrs A. Hall 95

How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion of Lungs -

How long: Twenty four hrs -

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. S. Dudley MD

Address: Church Hill Md

Accident or Suicide?

LIBRARY BUREAU A83516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Raymond Hollingsworth

Died — Town: near Hoyden's — County: Queen Anne's

Date of death: Month: Dec — Day: 24 — Year: 1904 — Age: 57 — Months: 7 — Days: 1

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Lumberman — Where Residing if not at place of death: Skipton Corner

Married, Single, Widowed: Married — Name of Wife or Husband: Annie Russel

Father's Name: Don't know — Father's Birthplace: —

Mother's Maiden Name: Don't know — Mother's Birthplace: —

Name of person giving information: Philip Pratt — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 8 hours

Immediate: Heart Failure — How long: 8 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. A. Page

Address: Church Hill Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Centreville — County: Queen Anne

Date of death 1904 — Month: 1 — Day: 24 — Age: Years / Months / Days

Sex: Boy — Color or Race: Black — Birthplace: Centreville

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Cato Jacobs Jr — Father's Birthplace: Md

Mother's Maiden Name: Janie Canaday — Mother's Birthplace:

Name of person giving Imformation: Cato Jacobs Jr — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr John W. Larmore

Address: Centreville Md

Accident or Suicide?

Harriet Grimage Mid Wife

LIBRARY BUREAU A088 18

Name in Full: John Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Centreville; County: Queen Annes

Date of death: Month: Jan; Day: 18; Year: 1904; Age: Years: 2; Months: ; Days:

Sex: Female; Color or Race: Black; Birthplace: Queen Annes

Occupation: Infant; Where Residing if not at place of death:

Married, Single or Widowed: ; Name of Wife or Husband:

Father's Name: John Johnson; Father's Birthplace: Talbot

Mother's Maiden Name: Adeline Johnson; Mother's Birthplace: Talbot

Name of person giving Information: Father; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza; How long: 7 days

Immediate: Pneumonia; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W D Sorry

Address: Centreville

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John C Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crumpton — County: Queen Annes

Date of death 190: Month: 1st — Day: 9 — Age: Years: 52 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: Merchant

Name of Wife or Husband: —

Father's Name: William Johnson — Father's Birthplace: Unknown

Mother's Maiden Name: Mary A Smith — Mother's Birthplace: Unknown

Name of person giving In formation: Charles M Johnson — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 2 years

Immediate: Gastritis — How long: —

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide?

Signature of Physician: W G Wallis M D

Address: Crumpton Md

LIBRARY BUREAU A88516

Name in Full: William Lesage

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: McGinnes; County: Queen Anne

Date of death 1904: Month: July; Day: 13th; Years: Age 74; Months: 3; Days: 18

Sex: Male; Color or Race: White; Birthplace: Queen Anne Co Md

Married, Single or Widowed: Widower; Occupation: Farmer

Name of Wife ~~or Husband~~: Mary J. Anthony Dec'd

Father's Name: William Lesage; Father's Birthplace: Md

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Information: William H. Lesage; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Stomach; How long: One Year

Immediate: General Prostration; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. N. Sheppard M. D.

Address: Crumpton Md

Accident or Suicide?

LIBRARY BUREAU A6891C

Name in Full: Annie A. Martin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Church Hill — County: Q. A.

Date of death 1904	Month	Day	Age: Years	Months	Days
	Jan	21	43	8	22.

Sex: Female — Color or Race: Colored — Birthplace: Kent Co Md

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Rev. L. H. Martin

Father's Name: Alexander Wilson — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Nevina Ringgold — Mother's Birthplace: Kent Co. Md

Name of person giving In formation: Geo Martin — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rupture of Blood vessel — How long: 1 hour.

Immediate: Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: M. G. Coppage

Address: Church Hill Md.

Accident or Suicide?

LIBRARY BUREAU A6931a

Name in Full

Viola Merchant

Certificate of Death

Died at near Town Price County Queen Anne's Co. MARYLAND

Date 1904 Month Jan Day 26 | Age Y. 7 M. 0 D. 0 | Native of Queen Anne's Co. | Occupation —

~~Male~~ / Femal~~e~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of children living ~~—~~

Husband of

Wife

Father's Name Albert C. Merchant | Mother's Maiden Name Louisa Kimball

Cause of Death: Primary Double Pneumonia | How long sick 3 weeks

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by H. G. Coddington M.D.

Address Church Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Church Hill
Cemetery

Farrell

Name in Full: Nancy Montgomery

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stefensville; County: Queen Annes

Date of death 1904: Month: Jan; Day: 9; Years: Age 2; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: Kent I

Married, Single or Widowed: Single; Occupation:

Name of Wife or Husband:

Father's Name: Esper Montgomery 179; Father's Birthplace:

Mother's Maiden Name: Susie Cooper; Mother's Birthplace: Kent Isl.

Name of person giving information: Esper Montgomery; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus; How long: 3 mos.

Immediate: General Asthenia; How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Snyder

Address: Stevensville Md.

Accident or Suicide?

LIBRARY BUREAU ASSSIC

Name in Full: Sadie Mullikin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Queenstown; County: Qa

Date of death: Month: 1 Day: 9 1904; Age: Years: 5.5 Months: Days:

Sex: Female; Color or Race: White; Birthplace: Qa, Md

Occupation: Home wife; Where Residing if not at place of death: Queenstown Md

Married, Single or Widowed; Name of Husband: J. F. Mullikin

Father's Name: Saml. Dolins; Father's Birthplace: Qa Md

Mother's Maiden Name: May; Mother's Birthplace: Unknown

Name of person giving Imformation: J. F. Mullikin; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dont know; How long:

Immediate: Tuberculosis (Pulmonary); How long: One Year

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins

Address: Queenstown

M.D.

Accident or Suicide?

LIBRARY BUREAU A98618

Name in Full: Susie Richardson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chester — County: Queen Anne's

Date of death 1904: Month: Jan — Day: 4

Age: Years: 29 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Kent Island Md

Married, Single or Widowed: married — Occupation: Housewife

Name of Wife or Husband: Susie Ritchmon 1/6

Father's Name: Wesley Dodson — Father's Birthplace: Kent Island

Mother's Maiden Name: Josephine Green — Mother's Birthplace: Kent Island

Name of person giving In formation: Edward Richardson — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Pneumonia — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. J. Shipley M.D.

Address: Centreville Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: John Richard Sparks

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Near Church Hill — County: Queen Annes Co

Date of death 1904 — Month: January — Day: 3rd — Age: Years 11 — Months 2 — Days

Sex: Male — Color or Race: Colored — Birthplace: Near Church Hill

Married, Single or Widowed: ——— — Occupation: School boy

Name of Wife or Husband:

Father's Name: John Richard Sparks — Father's Birthplace: Near Church Hill

Mother's Maiden Name: Mary Virginia Donnell — Mother's Birthplace: Near Church Hill

Name of person giving information: John Richard Sparks — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Disease Heart — How long: Most all life

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. S. Dudley M.D

Address: Church Hill Maryland

Accident or Suicide?

LIBRARY BUREAU A66516

Church at Hill
Cemetery

Marshall

Name in Full: John L. Summers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Grays P.O. County: Do

Date of death 1904	Month	Day	Age	Years	Months	Days
	Jan	7		71	10	12

Sex: male	Color or Race: white	Birth-place: St Michaels Md
Occupation: Farmer	Where Residing if not at place of death: Perrys Corner.	
Married, Single or Widowed: Married	Name of Wife or Husband: Annie M Summers	

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Summers		Father's Birthplace: Somerset Co
Mothar's Maiden Name: Amelia Ford		Mother's Birthplace: Somerset Co
Name of person giving Imformation: Annie M Summers		How related to deceased: Wife.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage	How long: Several weeks
Immediate:	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: Wm T. Henry M.D.
	Address: Stevensville Md
Accident or Suicide? No.	

LIBRARY BUREAU A8651G

Name in Full: Jno Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kent Island; County: Queen Annes

Date of death 1904	Month	Day	Years	Months	Days
	Jan. 31	31st.	Age 2	5	

Sex: Male | Color or Race: White | Birthplace: Kent Island

Married, Single or Widowed: X | Occupation: X

Name of Wife or Husband: X | X | X

Father's Name: Joseph Thompson 93 | Father's Birthplace: Kent Island

Mother's Maiden Name: Etta Thompson | Mother's Birthplace: " "

Name of person giving In formation: T. H. Jones | How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia | How long: 5 days

Immediate: Heart Failure | How long: X

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. E. Benton

Address: Kent Island

Accident or Suicide?

LIBRARY BUREAU A65519

Name in Full: Alexander Howley — Queen Anne's Co

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Church Hill — County: Queen Anne's

Date of death 1904: Month: 1 — Day: 18

Age: Years: 43 — Months: 10 — Days: 18

Sex: Male — Color or Race: White — Birthplace: Queen Anne's Co Md

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Grace V. Howley

Father's Name: Ezekiel Howley — Father's Birthplace: Indiana

Mother's Maiden Name: Anna McGhee — Mother's Birthplace: Kent Co

Name of person giving information: Wm Seeley — How related to deceased: Step son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Double Pneumonia — How long: 15 Days

Immediate: Failure of Heart — How long: 2 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Frank Harris M.D.

Address: Chesterlown Md

Accident or Suicide?

LIBRARY BUREAU A83316

C 7 Cent.

Transfd

Name in Full: Sarah E. Tolson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stromville; County: Queen Annes

Date of death 1904: Month: Jan; Day: 2nd; Age: Years: 67; Months: 10; Days: 2

Sex: Female; Color or Race: White; Birthplace: Queen Annes Co.

Married, ~~Single~~ or Widowed; Occupation: Housewife

Name of Wife or Husband: Jacob D. Tolson

Father's Name: Edmund Carville; Father's Birthplace: Queen Annes Co.

Mother's Maiden Name: Mary Bryan; Mother's Birthplace: Queen Annes Co.

Name of person giving In formation: Carville Tolson; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe; How long: Several wks.

Immediate: Phthisis Pulmonalis; How long: 2 yrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. R. Benton

Address: Stromville Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Carroll Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Centreville; County: Queen Anne's

Date of death: Month: 1 Day: 3 1904

Age: Years: 17 Months: — Days: —

Sex: Male

Color or Race: Black

Birthplace: Centreville

Occupation: Laborer

Where Residing if not at place of death: At place of death

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: Caroline Wilson

Mother's Birthplace: Centreville

Name of person giving Imformation: Caroline Wilson

How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Bladder

How long: 6 or 8 month

Immediate: —

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide? No

Centreville
Queen Anne's Co.

LIBRARY BUREAU A8881S